

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Mr. John D.</i> NICKNAME LAST SUFFIX <i>Jenkins</i>		OFFICE USE ONLY Date Received <i>06 MAY - 5 PM 1:15</i> Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>6723 Smallwood Arlington, Tx 76001</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(817) 375-8561</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Miss. Tina B.</i> NICKNAME LAST SUFFIX <i>Richardson</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <i>2004 Thames Dr. Arlington Tx 76017</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(817) 417-0430</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Day Year Month Day Year <i>04 / 12 / 2006</i> THROUGH <i>05 / 04 / 2006</i>		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <i>05 / 13 / 2006</i> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>City Council, District 2</i>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name <i>N/A</i> Address / PO Box: Apt. / Suite #: City: State: Zip Code		

☐ additional pages

GO TO PAGE 2


CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

John Darryl Jenkins

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 49.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,244.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 12.00

4. TOTAL POLITICAL EXPENDITURES

\$ 3408.66

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

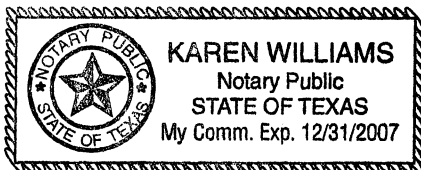
\$ 423.30

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Jenkins, this the 5th day of May, 2006, to certify which, witness my hand and seal of office.

Karen Williams

Signature of officer administering oath

Karen Williams

Printed name of officer administering oath

Notary

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **4**

2 FILER NAME

John D. Jenkins

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/13/06

5 Full name of contributor

☐ out-of-state PAC (ID# _____)**Brenda Wynn**

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

**105 Cima Dr
Goodlettsville, TN 37072**

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/13/06

Full name of contributor

☐ out-of-state PAC (ID# _____)**Marvin + Gale Dunder**

Amount of contribution (\$)

40.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**5207 Summer Creek Ct.
Arlington, TX 76018**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/06

Full name of contributor

☐ out-of-state PAC (ID# _____)**Graciela Fields**

Amount of contribution (\$)

30.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**2021 Rumson Dr
Arlington, TX 76006-4608**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/06

Full name of contributor

☐ out-of-state PAC (ID# _____)**Cobbie Ransom**

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**1415 McCoy St
Dallas, TX 75204-5403**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/17/06

Full name of contributor

☐ out-of-state PAC (ID# _____)**Devon White**

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**636 Reggs Rd
DeSoto TX 75123**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME John D. Jenkins		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/21/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Krystal Games	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/21/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Chetelah Phelps Contributor address; City; State; Zip Code Cains Lane Mansfield TX 76063	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/21/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joseph + Cheryl Jones Contributor address; City; State; Zip Code 3501 Oak Bend Dr Arlington TX 76016	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/28/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TRE PAC Contributor address; City; State; Zip Code PO Box 1986, Austin TX 78767-1986	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/25/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: D+J Sports Contributor address; City; State; Zip Code 1544 Brook Valley Ln Dallas TX 75232	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME John D Jenkins		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/26/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Valerie Landrum	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4949 Barella Antioch TN 37013			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/26/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rita + Ken Parson	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4928 High Creek Dr Arlington, TX 76017			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/29/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jeff Jenkins - The Jenkins Agency	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1161 Corporate Dr W. Ste 130 Arlington, TX 76006			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/29/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Glenn Celestier	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6305 Cobblestone Ln Arlington, TX 76001			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/3/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Paul Williams	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1331 Grand Teton Dr Desoto TX 75115			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME John D. Jenkins		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/4/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Wla M. Wilson	7 Amount of contribution (\$) 75.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2004 Thames Dr Arlington TX 76017			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/4/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Keith Patterson	Amount of contribution (\$) 125.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4447 Hanover St. Grand Prairie TX 76052			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME

John D. Jenkins

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/19/06

5 Payee name

Sam Franklin

7 Amount (\$)

895.00

6 Payee address; City; State; Zip Code

321 Sweetsum
Cedar Hill, TX 75104

8 Purpose of payment (See instructions regarding type of information required.)

Campaign Materials

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4/18/06

Payee name

Arlington-Grand Prairie Guide Right Foundation

Amount (\$)

125.00

Payee address; City; State; Zip Code

PO Box 613172
Dallas, TX 75261

Purpose of payment (See instructions regarding type of information required.)

Political Advertisement

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4/26/06

Payee name

Always Distributing Service

Amount (\$)

1000.00

Payee address; City; State; Zip Code

1071 Pondview Dr
Cedar Hill, TX 75104

Purpose of payment (See instructions regarding type of information required.)

Distribute 10,000 doorhangers

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4/28/06

Payee name

Joaguin Calbarano

Amount (\$)

250.00

Payee address; City; State; Zip Code

2837 Galleria Dr.
Arlington, TX 76011

Purpose of payment (See instructions regarding type of information required.)

distribute Campaign
Material & Promotional Information

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:*2***2** FILER NAME*John D. Jenkins***3** ACCOUNT # (Ethics Commission filers)**4** Date*5/2/06***5** Payee name*Always Distributing Service***7** Amount (\$)*1,000.00***6** Payee address; City; State; Zip Code*1071 Pondview Dr
Cedar Hill, TX 75104***8** Purpose of payment (See instructions regarding type of information required.)**9** .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: **1**

2 FILER NAME

John D. Jenkins

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/19/06

5 Payee name

Walgreens

6 Payee address; City; State; Zip Code

**4208 SW Green Oaks
Arlington TX 76017**

8 Amount (\$)

10.80

7 Purpose of expenditure (See instructions regarding type of information required.)

Rubber bands for door hinges☒ Reimbursement from political contributions intended

Date

4/20/06

Payee name

Office Depot

Payee address; City; State; Zip Code

**4619 S. Cooper
Arlington TX 76017**

Amount (\$)

8.98

Purpose of expenditure (See instructions regarding type of information required.)

Rubber bands for door hinges☒ Reimbursement from political contributions intended

Date

4/25/06

Payee name

Office Depot

Payee address; City; State; Zip Code

**4619 S. Cooper
Arlington TX 76017**

Amount (\$)

14.55

Purpose of expenditure (See instructions regarding type of information required.)

Rubber bands for door hinges☒ Reimbursement from political contributions intended

Date

4/29/06

Payee name

Office Depot

Payee address; City; State; Zip Code

**4619 S. Cooper
Arlington TX 76017**

Amount (\$)

14.55

Purpose of expenditure (See instructions regarding type of information required.)

Rubber bands for door hinges☒ Reimbursement from political contributions intended

Date

4/25/06

Payee name

Dallas Acme Rubber Stap Co.

Payee address; City; State; Zip Code

**3102 Commerce St
Dallas TX 75226**

Amount (\$)

77.78

Purpose of expenditure (See instructions regarding type of information required.)

☒ Reimbursement from political contributions intended

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